

Prioritization Criteria for Notifiable Condition Revisions

Notifiable conditions reporting in this country is established at the state level and takes into account national guidance. The following lists enumerate reasons and considerations for modifying a procedure or adding or removing a communicable disease condition in Chapter 246-101 WAC.

Section I presents the key public health criteria. At least one of these criteria must be met to justify revising a rule which would result in an actual change in practice.

Section II lists five factors which should be reviewed and considered for any proposed revisions.

Section I: Requirement for rule revision - Public health protection for the community

To add a notifiable condition, at least one of the following must be met:

- A. Condition leads to a high proportion of fatal cases or serious complications
- B. Condition has high potential for transmission from one person to another
- C. Condition has a high potential for an epidemic or widespread outbreak
- D. Notifications allow actions to prevent on-going exposures
- E. Notifications allow actions to prevent mortality and morbidity
- F. Notifications will improve understanding of a newly emergent condition
- G. Condition is of elevated concern to the general public
- H. Effective post-exposure prophylaxis is available
- I. Condition is internationally notifiable per the International Health Regulations

To modify a procedure or standard, at least one of the following must be met:

- J. Modification enables more thorough case-finding or public health response
- K. Modification improves response time by public health
- L. Modification improves the efficiency of public health protection within or among agencies
- M. Modification fosters advances in knowledge or technology of public health value

To remove a notifiable condition, procedure, or standard, the rule does not meet any Section I criteria and/or is redundant.

Section II: Other factors to consider for proposed rule revision

1. Reporting requested by CDC or CSTE

- Centers for Disease Control and Prevention supports adding specific internationally notifiable conditions to state notifiable conditions lists (Examples: smallpox, wild polio virus infection, new influenza subtypes; see attached list from CDC)

2. Keeping rule clear and up-to-date

- Existing requirements may be outdated due to changes in terminology, new understanding of conditions, or new national guidelines
- Existing requirements may be incomplete or has caused confusion
- Existing requirement too broad

(Examples: change language for enterohemorrhagic *E. coli* and rare disease of public health significance; change notification time for tularemia and viral hemorrhagic fevers; require lab submission of *N. meningitidis* isolates only if considered “invasive” [i.e., collected from a sterile site])

3. Reporting can be improved because of new systems

- Technical advances in data collection
- Advances in laboratory techniques allow sub-typing of organisms to identify outbreaks if isolates are submitted to a public health reference lab
- Reporting of test results and patient identifiers by laboratories may be more timely, permitting more rapid public health response (Examples: laboratory report to include ZIP Code or county of residence for timely public health actions, add laboratory reporting of additional conditions, add laboratory submission of isolates for additional conditions.)

4. Reporting requirement no longer needed

- Condition is no longer considered appropriate for public health reporting (Examples: include typhus as part of rare conditions and not a separate condition)

5. Changes in workload yield commensurate benefits for public health protection and system efficiency

- Change in workload or other burdens resulting from the revision affecting healthcare providers, public health professionals, laboratory staff, or others must be weighed against the benefits of public health protection for communities.

Resource: <http://www.cdc.gov/ncphi/diss/nndss/nndsshis.htm>